STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Dorchester WITNIN CORPORATE LIMITE OF	Registration Dist. Np. II6
Village or City Cambridge, Md.	No. 409 Hughlett, Street. St. Ward
(If Length of residence in city or town where death occurred 14 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Wattie W. Abbott.	
(a) Residence: No. 409 Hughlett Street. (Usual place of abode)	St., Ward. 4 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (porte the word) Married	21. DATE OF DEATH February II (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of William D. Abbott.	22. I HEREBY CERTIFY. Thet I ettended dacesed from
6. DATE OF BIRTH (month, day, and year) 1876	lest saw her aliva on Det 10, 19 22; death is said
7. AGE Years Months Days If LESS then 1 dey	to have occurred on the dete steted ebove, et 5 • 30 m 1 •
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, House wife 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 1D. Data daceased last worked at this occupation (month and 2/1/33) 11. Total time (yeers) spent in this occupation in this occupation.	Other Castributory Causes of importance:
12. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland.	
	Affectension 1910
13. NAME Wheatley Wowbray. 14. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland.	Name of operation Date of Date of What test confirmed diegnosis? Crawcas Westhere en eutopsy?
5 15. MAIDEN NAME Henrietta James.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Henrietta James. 16. BIRTHPLACE (city or town) Dorchaster County (State or country) Maryland.	Accident, suicide, or homicide?
17. INFORMANT Mr. Robert Grenwell. (Address) Cambridgen Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Cambridgen 1d, Dete 2/14/33., 19	Manner of Injury
19. UNDERTAKER Granville S. Locompte. (Address) Cambridge, Jarvland. 20. FILED Let. 14, 19 33 E. E. Wouff Registrat.	24. Was diseesa or injury In any way related to occupetion of dacaesed? If so, specify (Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 24 L. N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAH V o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A CONTRACTOR OF THE CONTRACTOR	~

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIA	N
ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIA	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PL	ACE OF DEA	TH THE	OF MAR	YLAND—	-CERTIFICATE OF DEATH ()	1665
Co	unty Dorche	ester	CORPORA	TA LIMITE OF	Registration Dist. Np. II6	
	llage Dr City		T	0 (1	ND. Cambridge Md Hospital • St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. If of foraign birth? yrs. m	ward number)
2. FU	LL NAME H	ouston I	rs Arne			
) Residence: No.				St Ward 5	
(a) Residence: ND		(Usual place	of abode)	St., Ward. 5	State
P	ERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		OR OR RACE	5. SINGLE, MARI OR DIVORCEI	(write the word)	21. DATE OF DEATH February 6th, (Month) (Day)	, 193 (Year)
5a. If mar HUSI (or)	ried, widowed, or div BAND of DO WIFE of	orced Vicke	rs.		22. HEREBY CERTIFY, That I attanded	
	OF BIRTH (month, da	1	0/20/18			; death is said
7. AGE	Years 4 Z	Months 3	Days I6	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 35 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOIL 8. TO	rade, profassion, or p kind of work done SAWYER, BDOKKE dustry or business i	, as SPINNER, EPER, atc	Barber	************	Light)	Date of onset
5	work was dona, as SAW MILL, BANK, ate decaased last wo this occupation (mo	SILK MILL, etc orkad at onth and/30/2		tin this 2		////
	PLACE (city or town tate or country)	Dorche	ester Co	unty	Dther Contributory Causes of Importance:	163
₩ 13. NA	AME Jeffe:	rson Arr	nett.		werling el throng	F. 6
13. NA 14. BI	RTHPLACE (city or t (State or country)	own)Dor	chester aryland		Name of operation Date of	1/93
æ 15. M/	AIDEN NAME J	osephine	Griffi	th.	What tast confirmed diagnosis? Was there an a	
E	RTHPLACE (city or to (State or country)	OWII)	chester laryland	County	23. If daath was due to external causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide? Date of injury Where did Injury occur?	
17. INFORI			Arnett Maryla		(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PL	e) ACE.
18. BURtAI	L, CREMATION, DR	REMDVAL 1. I.d.	Date 2/8/	33., 19	Manner of Injury	
19. UNDER		ville S. mbridge	LeComp Varyla		24. Was disease or injury in any way related to occupation of deceased?	مى
20. FILED	Feb. 8.,	19 33 8	E. E. W.	Registrar.	(Signed) (Address) (Address)	M.D.
		If more	blanks are needed, ac	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

OFDTICIOATE OF DEATH

CTATE OF MADVI AND

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11.-The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF	MARYLAND—CERTIFICATE OF DEAT	H 01666
SIAIL OI	MARILAND CERTIFICATE OF DEAT	

1. PLACE OF DEATH,	
County Darchister	Registration Dist. No. //6
Village or City Cambridge Of D 4	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sailey	
(a) Residence: No. Campady & D D y (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Matital Bailey	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unil 15-1873	I lest saw ham alive on Oct 11 ,19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J. Q. 30. m.
5-9 9 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Valvular Heart
SAWYER, BOOKKEEPER, etc	deisesse 1931
Industry or business in which work was done, as SILK MILL,	Three anunion alesta 1931
O 10. Oate deceased last worked at 11. Total time (years)	Dermal Bronchymuna 2-1-33
this occupation (month en 3 2 spent in this year)	
	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME with Railes	
13. NAME 13. NAME 13. NAME 14. BIRTHPLACE (city or town) Machiner	Name of operation.
(State or country)	Whet test confirmed diegnosis? Climing Was there an autopsy?
15. MAIDEN PRAME Leanie Slater	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN RAME Jeanie Slater 16. BIRTHPLACE (city or town) Jenstein	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
matelle Bile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cantrage QD L 4	Sportly whether injury security in interest, in interest in restrict.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Untirel, Md. Date Feb. 14, 1983	Nature of Injury
19. UNDERTAKER Lewis D. Baynem	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Cambrido	If so, specify
20. FILED Fet. 14 19 33 E. E. Wouff	(Signed) Anolmstean M.D.
Registrar.	(Address) Cambridge
If more blanks are needed address State Parish an	N. O. J. C P. C P. C D. C C C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH	() () my
	infor- state UPA-	1. PLACE OF DEATH	(115-20)	00%
0		county down chesting	Registration Dist No.	6
W	8 2	Village or City Camblidge	No del es st	Ward
-	77	(If Langth of rasidanca in city or town where daath occurred 29 ys	death occurred in a hospital or institution, give its NAME instead of street and nunds. ds. How long in U.S. if of foreign birth?yrsmos.	mber)
	RD. Every YSICIANS statement	60 D 60	The rough to the rough bitth:yismos	ds.
		2. FULL NAME CARE OF COMPEN	St Z Ward	
	CORD. Ever PHYSICIAN ect statemen	(a) Residence: No. A Communication (Usual place of abode)	St., Ward. If nonresident give city or town and Str	ate
0	ECORD. PHYSI act stat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ā		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH	3
	d. L	male horard undow	(Month) (Oay)	(Year)
Z	X A C T	5a. If married, widowad, of divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY That I attanded by	stread from
2	lass	(or) WIFE OF PLACE	Tet 6 11 133,10 Fet 84!	1923
BIND		6. DATE OF BIRTH (month, day, end, year) Down Runger	I last sew h in alive on Fift 6 th, 19 33;	daath is said
	IS A PE stated E properly certificate	7. AGE Yaars Months Oeys If LESS than I day, hrs.	to have occurred on the data stated above, atm.	
FOR	IS A F stated properl	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
	HIS pe pe of c	8. Trade, Orofassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	the state of the s	Z
VE		SANTER, BUNKEEPER, atc.	Me Selection of	Tely
RESERVED	K—T hould may back	9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc	Marseles 17 Llura	1
SI	E sl it it	Spellt III (1112		17
R	NFADING I oplied. AGE erms, so that instructions	yaar) occupation	Other Contributory Causes of importance:	H 48
Z	DIA Se ucti	12. BIRTHPLACE (city or town). (State or country)	llone	10
RG	IFA lied ms,		40	
MARGIN		I COUNTY OF THE PROPERTY OF TH	Named and the second of the se	> 10
1	ITTH U	14. BIRTHPLACE (city or town) (Stata or country)	What tast confirmed diagnosis	7
	WIT	15. MAIDEN NAME Matthy Columbia	23. If death was due to external cause (VIOLENCE) fill in also the following:	(عر ودورا
	K, K,	16. BIRTHPLACE (city or town) MC	Accident, suicida, or homicido	me.
	be III	(State or country)	Whare did injury occur? (Specify city or town, county and State)	~
		17. INFORMANT ZWWMA Vamps	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	Ē.
	E PLA should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	7000	
	四一日中	Place Church Cate Feb 12, 1922	Nature of injury	
	-WRITE mation s CAUSE TION is	Yours HRan		1
0. 1	T HOF	19. UNDERTAKER	24. Was diseasa or Injury in any way related to occupation of deceased! If so, specify	10
S. No	~ (T)	20, FILEO Fele 11, 19 33 Report lever	(Signad) Protunal Of	L M. D
>	z	Registrar.	(Address Author)	my
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	+

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1	No. 1		9	MARGIN RESERVED FOR BINDING	RES	ERVE	(Q)	FOR B	INDIN	5	•		(N	
Z.	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER NENT ECORD. Every item of infor-	INLY,	WITH	UNFADI	ING II	NK-TF	IIS	IS A PE	IN HE	ENT	ECORD. E	Every it	tem of in	for-
(mation should be carefully supplied. AGE should be stated ENACTLYA PHYSICIANS should state	be car	efully	supplied.	AGE	plnous	be s	tated I	CXAC	TLY.	PHYSIC	IANS	s bluods	tate
T	CAUSD OF DEATH in in terms, so that it may be properly classified. act statement of OCCUPA.	EATH	in	n terms, se	that	it may	be r	roperly	classifi	ed.	act state	ment o	f occur	PA.
)	TION is very important. See instructions on back of certificate.	imports	ant. S	see instruct	o suoi:	n back	of ce	ertificate	<i>a</i> °	•			1	

V. S. No. 1

			F MAR	YLAND-	CERTIFICATE OF DEATH	1668
	1. PLACE OF DEA				(85)	11/
	County Dorch				Registration Dist. No	116
	Village or City Ca	mbri dge			No. Eastern Shore State Hospital,	Ward
	Length of residence in ci	ity or town where de		yrs, 11 mos	f death occurred in a hospital or institution, give its NAME instead of street as s23_ds. How long in U.S. if of foreign birth?yrs	mosds.
	2. FULL NAME		Ben ja	min Basset	t	
	(a) Residence: No.	Berlin	, Maryla (Usual place		St., Ward. If nonresident give city or town a	and State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 9. (Month)	, 193 3 (Year)
5a	. If married, widowed, or divo	orced				
	HUSBAND of (or) WIFE of				22. 1 HEREBY CERTIFY. That I attend April 3, 1930 to February 9,	19 33
-	DATE OF BIRTH (month, da	y, and year Octo	ber 12,	1886	I last saw him alive on February 9, 19 3	3; death is sald
7.	AGE Years	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:10 A.m.	
_	46	3	25	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
OCCUPATION	K. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc				Status Epilepticus	
000	10. Date deceased last work this occupation (mo yoar) FEDTU	ked at	11. Total t	me (years) it in this Life		
12	BIRTHPLACE (city or town) (State or country)	Nr.Berl	in,		Other Contributory Causes of importance:Epilepsy	31 yrs.
ER	13. NAME Isaac	T. Basset	t	6		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Nr.Be	rlin		Name of operation Date of	
R	15. MAIDEN NAME	Sarah G			What test confirmed diagnosis? Was there en eutopsy? No	
MOTHER	16. BIRTHPLACE (city or to		Berlin		23. If death was due to external causes (VIOLENCE) fill in elso the follow Accident, suicide, or homicide? Date of Injury	-
	(State or country) INFDRMANT_E_S_S_ (Address)	Hospital Cambridge			Where did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
18	BURIAL, CREMATION, OR R		11.	P	Manner of injury	
	Place Crugre	ceu	Date Jeb	11-1933	Nature of injury	
19	UNDERTAKER J. V	U. Bu	Lagi	B	24. Was diseese or injury in any way related to occupation of deceased?	No
20.	FILED 1	33 P	15/16	Mille	If so, specify (Signed) April	rhl M.D.

(Address) Cambridge, Md. V Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Succes, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BILL ATT Y G	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

CAUSE TION

m

STATE OF MARYLAND—CERTIFICATE OF DEATH

01669

I. PLACE OF DEATH			(108)	,		
County Dorchester			Registration Dist. No. //	0		
Village or City Cambri	dge, Md.	(lf	No. Eastern Shore State Hospitalst., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence in city or town where	death occurred	yrs,mos	l8ds. How long in U.S. if of foreign birth?yrsmo	sds.		
2. FULL NAME William	n Oliver	Blades				
(a) Residence: No.St. Micha	els Talbe	ot County,	Md St, Ward. If nonresident give city or town and	State		
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Male White	OR DIVORCED (write the word)		21. DATE OF DEATH February 10, (Month) (Day)	193. 3 (Year)		
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Bessie Wri	ght		22. I HEREBY CERTIFY, That I attended d	leceased from		
6. DATE OF BIRTII (month, day, and year) Oc 7. AGE Years Months 40 3	tober 12.	1892 If LESS than 1 day,hrs. ormin.	January 23, 1933, to February 10, I last saw h im alive on February 10, 1933 to have occurred on the date stated above, at 3:02A · m. The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Bank	t Cashier ma (years) thin this oyrs.		4 days		
12. BIRTHPLACE (city or town) St.Mic (State or country)			Other Contributery Causes of importance: Exhaustion following mental disease	3 wke		
13. NAME Samuel M. Bla	ades		Manic Depressive (Manic)	O WAS.		
14. BIRTHPLACE (city or town) St.Mi (State or country)	chaels		Name of operation	2.0		
17. INFORMANT E.S.S. Hospital	Md.		23. If death was dua to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	, 19		
(Address) Cambridge Md. 18. BURIAL, CREMATION, DR REMOVAL Place 4 Michaels	Date Feek	12 ,1937	Manner of injury			
19. UNDERTAKER Newman S (Address) St. mich 20. FILED Felle 10, 19.33	t Han E. Wal	nd. Registrar.	24. Was disease or injury in any way related to occupation of deceased? N If so, specify (Signed) (Address) Cambridge, Md.	O QM. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURRAU V.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	1670
1. PLACE OF DEATH	"IP WIN	(35)	LOIU
County Declarate	AND DONNERS OF THE PARTY OF THE	Registration Dist. No.	16
Village or City	Cross (IN)	No Cameria Haspitano	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Charle	ie Celeban		
(a) Residence: No. 200	limiten	St Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
Male Block	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Lower	1 HEREBY CERTIFY, That I attended of 1932, to 2463	deceased from
6. DATE OF BIRTH (month, dey, and year)	Unkenown	I lest sew ham alive on 24 3 , 1933	; death is seld
7. AGE Yeers Months	Oays If LESS than	to have occurred on the date stated above, at \$300 m.	
about 58	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	20000 / 1000	0.	
kind of work done, as SPINNER, SAWYER, BDD KKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Toolog A core	O Jema: consisting of several ste	Beco
work was done, as SILK MILL, SAW MILL, BANK, etc.	Jam	scellers, on different parts of his bay trad-	1126
1D. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	July of staphylococon origin. no history of in-	
W.	6- 1	Other Contributory Causes of Importance tion, unknown Cuga	
12. BIRTHPLACE (city or town) (State or country)		Cuesi X.	900 15
I 13. NAME (all &	Chehs	no burtles information	1533
14. BIRTHPLACE (city or town)	de	Name of operation Oate of	
(State of country)		What test confirmed diagnosis? ——————— Was there en a	utopsy? 200
15. MAIDEN NAME	cheps	23. If death was due to external couses (VIOLENCE) fill in also the following	:
15. MAIDEN NAME	-661	Accident, suicide, or homicide? Oate of injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county end State	e)
17. INFORMANT (Address)	al maden	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLA	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	1.1.	Manner of injury	
Place Couling	-Date 193 - 193	Nature of injury	
19. UNDERTAKER Lewis H 03	aunem	24. Wes disease or Injury in any wey related to occupation of deceased?	ro
(Address) Camberd	of med	If so, specify	
20. FILED Febr. 6, 19.33	E. E. Wolff	(Signed)	M. D.
	Registrar.	(Address)	***************************************

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tack of emilensu	1
	1 week ago
in over by street car	1 week ago
ritonițis	3 days ago
her contributory causes of importance:	1 year
r	ilonilis

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01671
	1. PLACE OF DEATH	
	County Korchester	Registration Dist. No. / 10
	Village or City hear Hurlook	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
-	Length of residence in city or town where death occurred with the second	2
	(a) Residence: No.	St., Ward.
	(Usual place of aboute)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
)	3. SEX 4. COLOR DR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ZS (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY SERTIFY. That i ettended deceased from
	6. DATE OF BIRTH (month, day, end year)	I last saw h alive on 3.4. 25. , 1933; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance we as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic nephrelso,
	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	*
	O 1d. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
	12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
	13. NAME Bout Know	
	14. BIRTHPLACE (city or town)	Name of operation. 2222 Oate of
	(State of Country)	What test confirmed diegnosis? Was there an autopsy?
	15. MAIOEN NAME Party Russ	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	State or country)	Accident, suicide, or homicide? Date of injury, 19, 19
	17. INFORMANT Frank Hughes (Address) Hurlook	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Set New Warkel Date Fresh & 7,1953	Manner of Injury Nature of Injury Nature of Injury
	19. UNOERTAKER J. B. Williamshing (Address) House of March	24. Wes disease or injury in any way related to occupation of deceased?
	20. FILED 2/27 , 1933 Rolt L/bastings	(Signed) M. D.

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Cerebral hemorrhage	DURBAR SE	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ALTERIAL ELECTRICALES	STACE PUI	T O IV I I I I I I	COLL AVEN EATER TO THE	L) L	T THE POTOTION

	WITH	efully	j
	VLY,	e car	ATH
	N. B.—WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in
	TTE	n she	SE O
4	-WR	matic	CAU
	N. B.	(T
			-

e de la companya de l	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	672
1. PLACE O		_	107-0	
County_	Jackes	ter	Registration Dist. No.	16
Village or (City Carry	unife	No. 18. F.10 # 2 St.,	Ward
Length of res	idence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. If of foreign birth?yrs	
			iter	103
2. FULL NA		will pro		
(a) Resider	nce: No.	(Usual plate of abode)	2 St., Ward. If nonresident give city or town an	d State
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	2
Florale	Block	OR DIVORCED (write the word)	(Month) (Day)	., 193(Year)
5a. If merried, widow HUSBAND of	wed, or divorced	70		
(or) WIFE of			1 HEREBY CERTIFY, That I ettended	
Hallmense		ou la	fle 14 ,1933, to 126	<u>کی کی 19</u>
	(month, day, and yeer) ars Months	Days I If LESS than	to have occurred on the date steted above, at	:_; death is seld
1. AGE	ars months	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
9 Trade profe	pasion or particular	ormin.	were as follows:	Date of onset
kind of	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Une	Brown Premi	2/12/2
9. Industry or	business in which		Hames Man	413/3
SAW MI	as done, es SILK MILL, LL, BANK, etc	none	_	
Date decease this occu	sed last worked at upation (month end	11. Total time (years)		
year)		occupation	Other Contributory Causes of Importance:	**
12. BIRTHPLACE (c		14.		
(State or cou	entry)			
13. NAME	yearny !	Multingen		
13. NAME 14. BIRTHPLACE		med	Name of operation	
(State of	r country)		What test confirmed diagnosis? Was there an	eutopsy?_ ***
15. MAIDEN NA 16. BIRTHPLACE	AME flu	me theres	23. If deeth was due to external causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE		nd.	Accident, suicide, or homicide? Date of injury	, 19
CState of	r country)	//	Where did Injury occur?(Specify city or town, county and Sta	ate)
17. INFORMANT	Robert	Ches te,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
(Address) 18. BURIAL, CREMA	TION OR REMOVAL	my w.s. K.F.D.		
Place Co	oratown M	d. Date Feb. 17 19 33	Manner of injury	
	101	1014	Neture of injury).
19. UNDERTAKER	Joven	chester,	24. Was diseese or injury in any wey related to occupation of deceesed?	no
(Address)	1. Cesar	5 5 3 : 11 Ca.	If so, specify (Signed)	9
20. FILED TEN	e/6,1933	C. L. Wolff	(Signed)	7. M.D.
	**	Registrar.	(Audioss)	- Williams

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BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:	4:	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE	OF DEATH				
County Dorenester.					Registration Dist. No. 1/0
Village or	City Meax	Fine	Pivil	2.	No. St., Ward
•				(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	1 /	u wiere deeru	Occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL N	AME he	Losy	Coxx	ins	
(a) Resid	ence: No. Fed	eray.	(Usual place	Md. R.F.	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
rate		ed.	Sino	Re	(Month) (Day) (Year)
5a. If married, wid HUSBAND of (or) WIFE of					22. HEREBY CERTIFY That, I attended deceased from
(01) WITE 01					74. 8 ,1933, 10 Feb. 9 ,1935
6. DATE OF BIRTI	H (month, day, and yee	en Mu	9.29	5" 1932	I last sew h/ All alive on 2 - 9 1933; death is said
7. AGE Y		onths	Days	If LESS then	to have occurred on the dete steted above, et 3-12-m.
		5	15-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reteted ceuses of importance were as follows:
8. Trade, pro	fession, or perticular f work done, as SPIN	NER.	N.		muris mus-
SAWYI	ER, BOOKKEEPER, etc. or business in which		1.10.2	·L	1/1/4/13 /Mass -
work v	wes done, es SILK MIL MILL, BANK, etc	.L,			
U ID. Date dece	eased last worked at coupation (month end			me (yeers)	
year).	(month end			pation	
12. BIRTHPLACE ((city or town) Do	refres	ter C	6,	Other Contributory Causes of Importance:
(Stete or co	ountry)			DIG.	EN fulls-
13. NAME	Pet	er Co	RRin	5	,
13. NAME	CE (city or town)	Bares	neste	c.	Name of operation Dete of
(Stete	or country)			Md.	Whet test confirmed diagnosiss In alien & Was there an eutopsy? M.Q.
15. MAIDEN N	NAME B	ertra	30 PM	nson,	23. If death was due to externel ceuses (VIOL ENCE) fill in etso the following:
	CE (city or town) 5	Jorek	estex	Ce,	Accident, suicide, or homicide? Date of injury, 19
2 (State	or country)	0 0 0		Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Peter	6.33	ins.	~~~	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	ATION, OR REMOVAL	(9 Your	3 MIG	K. F. 12	
01.0 101 -00				11" 1933	Manner of injury
		04		6	Neture of injury
19. UNDERTAKER 5. T. Framptom & Sort				3073	24. Was disease or injury in environment of deceased?
1114 220.14791.				1	(Signed) W S Almun / M.D.
20. FILED		an a	1000	Kegistrar.	(Address) Fraginals ling mid.
		If more blank	s are needed a	ddress State Registrar	2411 N. Charles Street Relimons Proceeding (1) S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife an answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago BITRICATEN Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11874
1. PLACE OF DEATH	(B)
county Narshester Co,	Registration Dist. No. // 6
Village or City Campuage	NDSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
$\alpha = 170$	72 a
(a) Residence: No. Euge word (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Color of RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Susan Jamby	22. HEREBY CERTIFY, That I attended deceased from 1932, to Set 15, 1953
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on , 1933; death is said
7. AGE 70 Years — Months — Days — If LESS than 1 day, ——hrs. or ——min.	to have occurred on the date stated above, at 12.32.72.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Land Nathern SAWYER, BDDKKEPER, etc.	Desire Valuelas Neut 1930
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this securation (month and spent in this	Tuphitis 1934
11. Total time (years) this occupation (month and yaar)	
12. BIRTHPLACE (city or town)) form Point (Stata or country) Noz. Co., not	Other Centributery Causes of importance:
13. NAME Skinner Lee	
13. NAME Skinner Lee 14. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Clary Was there an autopsy?
15. MAIDEN NAME Rhoda Lamby	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Rhoda Lamby 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Rosa Docks It Colling the (Address) Ninh and Wishing to It Colling the	Where did Injury occur?
18. BURIAL, CREMATION, DR REMOVAL Place wants Cemetry Date Feb 18, 19 33	Manner of Injury
19. UNDERTAKER A MSc Comme (Address) Country of Mr.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Feb. 18, 19 33 E. E. Zwoeff Registrar.	(Signed) Carroll Mrstclaw M. D. (Address) Carro Flato of
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
BUREAU V. m.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF	F DEATH			82-6	2		
County	Dorchester	County				Registration Dist. No.	116
	ity Cambridge		(II yrs,4mos	No. Eastern f death occurred in a horpital o	Shore or institution U.S. If of for	State Hospitaling its NAME instead of street oreign birth?	, Ward and number)
2. FULL NA		Garrett	n. Md.	St., Ward.		If nonresident give city or town	
PERSON	AL AND STATIST			MEDICA	AL CE	RTIFICATE OF DEAT	
3. SEX Female	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, D (write the word) ngle	21. DATE OF DEA	\TH	Pebruary 9, (Day)	, 193.3 · · · (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HER April 3.	EBY (CERTIFY, That I etter	ded deceased from
7. AGE Yea 84	10	Days 18	If LESS than 1 day,hrs. ormin.	I last saw hQT alive to have occurred on the da	onE	cebruary 9,, 19	Date of onset
9. Industry or work was SAW MIL	york done es SPINNER, H BOOKKEEPER, etc	Private				age	4 days
(State or cour	y or town) Nr. Gree htry) Md.	nsboro			erio-	sclerosis	_
13. NAME	Thomas Gar	rett					byrs.
13. NAME 14. BIRTHPLACE (State or	(city of town)	known Unknown	n	Name of operation		Date Was there	
15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town)Unkn	Unknown		23. If death was due to exter Accident, suicide, or homici Where did injury occur?	rnal causes	(VIOLENCE) fill in also the follo	wing:, 19
17. INFORMANT (Address) 18. BURIAL, CREMATI Place	S.S.Hospital Cambridge,Md ION, OR REMOVAL Characteristics Characteristics Characteristics Characteristics Characterist C		L/Z 193	Manner of Injury		NDUSTRY, In HOME, or In PUBLIC	
19. UNDERTAKER (Address) 20. FILED. FULL	9,1933 8	es or	egg lgg Resistan	24. Wes disease or injury In If so, specify (Signed)	nany way	related to occupation of deceased	3.7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

m

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis Chronic interstitial nephritis Date of onset 1915 Attack of epilepsy Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance:	auses Date of onset
Chronic interstitial nephritis . 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis	
Cercbral hemorrhage July 5,1927 Peritonitis	1 week ago
Cercbral hemorrhage July 5,1927 Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE	OF	DEATH
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0	1	6	10,	G
	-	0		17

1	. PLACE O	F DEATH			(80)		
County Dorchester County			County		Registration Dist. No	116	
			ridge, Md.	(1 10 yrs, 3 mos	No. Eastern Shore State Hospites, f death occurred in a horpital or institution, give its NAME instead of street death occurred in a horpital or institution, give its NAME instead of street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution, give its NAME instance of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution of the street death occurred in a horpital or institution occurred in a horpital occurre	and number)	
2	. FULL NA	ME Jos	enh E. Has	ti nøs			
		nce: No. Oak Gro	_	re	St., Ward. If nonresident give city or town	and State	
	PERSON	NAL AND STATIS	TICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. S	Male	4. COLOR OR RACE	OR DIVORCE	tRIED, WIDOWED. D (write the word) ingle	21. DATE OF DEATH February 2, (Month) (Day)	, 193 3	
5a. If married, widowed, or divorced				No.			
	HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I atten April 3, 19 30, 10 February	2, 1933	
6. E	ATE OF BIRTH	(month, day, and year t	ober 30, 1	872	l last saw h_im_ alive on February 2, 193	33 ; death is said	
7. A	GE Ye	ars Months	Days 1	If LESS than 1 dey,hrs. ormin.	lo have occurred on the date stated ebove, at 7:45A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8 Trade profession or particular				- Land		Date of onset	
ATE	SAWYER 9. Industry or	husiness in which	Day Lab	orer	Locomotor Ataxia	About	
U.	Work we	is dona, as SILK MILL, LL, BANK, etc.	Car Shop	S		15 yrs	
OCCUPATION	10. Data deceas	sed last worked at upation (month and everal Years	11. Total t spa	ime (years) ntin this upation 10 yrs.			
12.	BIRTHPLACE (c (State or cou		~ = ~ = = = = = = = = = = = = = = = = =		Other Contributory Causes of importence:		
~	13. NAME	Eli Hastin					
FATHER		Tau					
F		E (city or town)EQU. r country)	Delaware		Name of operation Date What test confirmed diegnosis? Was Ihere		
2	15. MAIDEN NA	Mery	Taylor				
MOTHER	16 DIDTUDIAC	E (city or lown) U1	nknown		23. It death wes due to axternal causes (VIOL ENCE) fill In also the tollo Accident, suicide, or homicide? Date of injury		
×		r country)	Maryla	nd	Where did Injury occur?		
		E.S.S.Hospita	al Records		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18.	BURIAL, CREMA	Cambridge, M. M. Or REMOVAL	el. Data Fe	b. 4,1933	Manner of Injury		
19.	(Address)	17 Fram Feder 1. 2 19 33	Allow ENG	Son. 2 mil. 19 Registrar.	24. Was disease or injury in any way related to occupation of deceased if so, specify (Signed) (Appress) Cambridge, Md.		

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Arteriasclerasis	1915	Attack of epilepsy	1 week aga	
Chranic interstitial nephritis	1921	Run over by street car	1 week aga	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstanes	May 1,1923	Gastraenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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CAUSE

LION

30 vrs _____mos,_____ds. How long in U. S. if of foreign birth?______yrs,_____mos,_____ds. Length of residence In city or town where death occurred. (a) Residence: No. Washington PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day,...hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, 8 days OCCUPATION SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Oata deceased last worked at 11. Total tima (years)
spent in this this occupation (month and occupation __ Dorchester County 12. BIRTHPLACE (city or town) laryland. (State or country) FATHER Taylor Dorchester County 14, BIRTHPLACE (city or town). Name of operation (State or country) arvland. What test confirmed diagnosis?_____ Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: County Accident, suicide, or homicide?______ Date of injury_______ 19 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Elizabeth Haves. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. LeCompte. 24. Was disease or injury in any way related to occupation of deceased?__ 19. UNDERTAKER (Address) If so, specify (Address) _ Qe Registrar.

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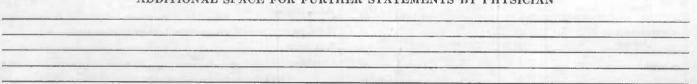
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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



01678

1. PLACE OF DEATH	0 1		11-0		110
County	harden	-		Registration Dist. No.	119
Village or City He	egates		No.		_St., Ward
vinage of orty	-	(If	death occurred in a hospital or institu	ution, give its NAME instead of	St.,Ward street and number)
Length of residence in city or town	where death occurred	/rs,mos	ds. How long in U.S. if	of foreign birth?yrs	ds
2. FULL NAME	Spry V	Yacque	vard		
(a) Residence: No.	Lucatate	o me	St. Ward.		
(a) nesidence. No.	(Usual place	of abode)		If nonresident give city of	town and State
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF D	EATH
3. SEX 4. COLOR OR BA			21. DATE OF DEATH	10	/ -
Mela Whate	OR DIVORCE	(write the word)	Ve	kroeary 4	, 193
5a. If married, widowed, or divorced				(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of	L' Craced	200	22. JHEREB	Y CERTIFY, That	attended deceased from
			Jel 1	, 19 83 to Feb	1958
6. DATE OF BIRTH (month, day, and year	5/7/18	63	I last saw h	Feb 4	_, 19 23_; death is sai
7. AGE Years Mo	nths Days	If LESS than	to have occurred on the date stat	ed above, at 4, HM	,
69	7 77	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of impor	
8. Trade, profession, or particular	(ng 4).	1 01	Browells - le	Conservation and	Pate of onse
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	IER, Thater	ran	Intlececk 1	1 @	0.0
9 Industry or husiness in which	/ . /		Retention of	eenens & be	ou ?
work was done, as SILK MILI SAW MILL, BANK, etc.			- enlara a	In allale	
- I timo occupation (month and a	11. Total til	me (years)	al a- la		Zans
year)	occu	pation	Other Contributory Causes of imp	ortance:	
12. BIRTHPLACE (city or town)	regate		Other Continuent Control of the	oftence.	
(State or country)	in				
13. NAME	- I day	good			
13. NAME 14. BIRTHPLACE (city or town)	Mucigel	5	Name of operation		Data of
(State or country)		ne	What test confirmed diagnosis?		
15. MAIDEN NAME CLESS	co / Lane	rand			
	Man It	-	23. If death was due to external ca		
16. BIRTHPLACE (city or town) (State or country)		med	Accident, suicide, or homicide?	Date of Inju	iry, 19
m yes	autt.	00	Where did injury occur?	(Specify city or town, coun	ity and State)
17. INFORMANT	e far		Specify whether injury occurred i	n INDUSTRY, In HOME, or in F	PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	J. Mes				
Place true to	med pate 2/	6/3310	Manner of injury		
1 1	0	_	Nature of injury		
19. UNDERTAKER	- company	•	24. Was disease or injury in any v	vay related to occupation of dec	ceased? 220
(Address)	7	y md	If so, specify	17000	
20. FILEO Feb 5 1933	wilson & O	inchest	(Signed)	Jawes	M. [
	Local	Registrar.	(Address)	ambridge	leco

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Example I	(1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis		
Garristories	May 1,1923	Gastroen(erus	1 year	

1	. PLACE OF	DEATH TIT	NIR CORPORA		82.4	
	County Do	rchester		IR LIMITS OF	Registration Dist. No.	II6
		Cambridge	e, Md.	(I	No.# 9 Trenton, Street a f death occurred in a hospital or institution, give its NAME instead of a s	_St., 5 Ward
	FILL NAME	E Julia E	. Hubbar	n.		
					tost. Ward. 5	
	(a) Residence	: No	(Usual place		If nonresident give city or	town and State
antes	PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		21. DATE OF DEATH Hebruary II	, 193 ³			
	If marriad, widowed.	, or divorced	1 2 2 0 0 0		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	ate SamI	L Hubbar	cd.	22. HEREBY CERTIFY, That I	attended deceased from
		4	10 17050		Jet 101, 193 310 Feb	19.30
	DATE OF BIRTH (mo	onth, day, and year) 4	/6/1850		76 77 75	19.3 - Greath is sald
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at lane	
	82	9	5	ormin.	The PRINCIPAL CAUSE OF DEATH and related causos of importa were as follows:	Date of onset
N	8. Trade, profassion kind of wor	on, or particular k dona, as SPINNER,	None		1 Burne	9
E	SAWYER, Bo	OOKKEEPER, etc	TAOTTO		- Whites	Tex
OCCUPATION	work was de	ona, as SILK MILL, BANK, etc	x			Inh
SC	10. Data deceased	last worked et	11. Total ti	me (years)		10/0
	yaar)	ion (month and		nt in this X		Ag.
,,,	DIDTUDI ACE (situs	or town) Dorche	ster Cou	intv	Other Contributary Causes of importance:	2
12	(State or country	y)	Maryland	1.	1/20	tely
2	13. NAME R	alph Spedd	en.			- market
FATHER	14. BIRTHPLACE (c	Do.	rchester	r Co.	Name of operation	1
FA	(State or co	113 01 101111/	Marylan		1	there an autônsy?
2	15. MAIDEN NAME	Margaret	t Hubban	rd.	23. If death was due to extarnal causes (VIOL ENCE) fill in also tha	7
MOTHER		ity or town) Dor			Accident, suicide, or homicide?	4/1-
Σ	(Stata or co	ity or town)	Mary	land.	Where did injury occur?	y, 19
17		Mrs. John Huds	Hubbard.		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	y and State) IBLIC PLACE.
18	BURIAL, CREMATIO	N, OR REMOVAL			Manner of Injury 1200	
	Placa Jam	es, Md.	Date2/	13/33,19	Nature of injury A Parallel	
19	UNDERTAKER (Address)	Granville Cambri	S. LeCo		24. Was disease or injury in any way related to occupation of dece	ased? 100
00	51150 A//2) 10> X	15/11/1	1 XMI	(Signed)	M. I

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	177	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

V. S. No. 1

1. PLACE OF DEATH	ERTIFICATE OF DEATH 61680
1. PLACE OF DEATH County Chesling	Registration Dist. No. // 6
1 11 0 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	No. Muleruk 1474 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
and the second	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year)	t last saw h. 9 stive on Stal 77, 1963; death is said
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above, at 1844 1 m.
Lette vom alemant or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Cate of ones
SAWYER, BOOKKEEPER, etc	and deal is libro
work was done, as SILK MILL, SAW MILL, BANK, etc.	The lands 6 monds
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and yaar) yaar) 11. Total tima (yaars) spent in this occupation	deniopmy-,
m	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Pour Marc
E P (1-0 1m)	0.000
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oata of
	What test confirmed diagnosis?
<u> </u>	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury
(State of Country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT CITIL James Cambrille	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF DEMOVAL ASSETS	Manner of injury
Placa Date 716.25, 1933	Nature of injury
19. UNOERTAKER (Address) (am by in the little of the littl	24. Was disease or Injury In any way related to occupation of daceased?
20. FILEO. FILEO. Fels. 25, 19 83 E. G. Woff Registrar.	(Signed) Luy Slut M. D. (Address) Cauling M.D.
Registrat.	(nouless)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. M.		3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	
County & on cheaters	Registration Dist. No.
Village or City bandaids	No. 233 Ping St., Ward
(1F	death occurred in a hospital or institution, give its NAME instead of street and number)
0++ 0 11.1	ds. How long in U.S. if of foreign birth? 37yrsmosds.
2. FULL NAME CHILL M. Jawa	
(a) Residence: No. 233 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH firstwary 6" 193 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sdward Jews,	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ang. 20" / 881	7.1 4 23
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 6.193
5-1 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	were as follows: Capenoma of Cervins Date of onset
9. Industry or business in which work was done, as SILK MILL,	histories to regional
10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at page 11. Total time (years) spent in this occupation occupation	Cachegra Dec 1.142
12. BIRTHPLACE (city or town) Solden Hell. M.S. (State or country)	Other Contributory Causes of Importance:
13. NAME ON Sriffin	
14. BIRTHPLACE (city or town) Rollan Hell (State or country)	Name of operation
15. MAIDEN NAME Leva, Ernells	What test confirmed diagnosis? Was there an autopsy?
8 01 ×1:11 00 A	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Kanalolin Junes. (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Burial Compose Fiel 9", 1933	Manner of Injury
19. UNDERTAKER Through A. Vodery (Address) 228 Merch	24. Was disease or injury in any way related to occupation of deceased? W.
20, FILED Febr. 8, 19 33 E. E. Wolff	(Signed) Wylee M Faux M.D.
Registrar.	(Address) 11 2 8 Rase 8t, Cambridge Hid

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SDACE	FOD	PHOTUPD	STATEMENTS.	DV	DUVCICIAN
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIAN

S. No.

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* BUREAU V. S	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	PLACE OI			OF MAR	YLAND-	CERTIFICATE OF DEATH 016	83
	County		hester			9)	6
	, , , , , , , , , , , , , , , , , , , ,					Registration Dist. No//	<i>e</i>
			nbridge	death occurred	(l yrs,8mos	No.Eastern Shore State HospitalSt., If death occurred in a horpital or institution, give its NAME instead of street and num s. 7 ds. How long in U.S. if of foreign birth? yrs. mos.	ward
2.	FULL NA				Lambert	1,00	
	(a) Residen	ce: No	Port De	oosit, Ce (Usual place	cil County of abode)	,MdSt., Ward. If nonresident give city or town and Sta	ite
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Female		R OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) idowed	21. DATE OF DEATH February 7,	933
5a.	f married, widow HUSBAND of			- 44	raowea	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		lliam T.I	ambert		22. I HEREBY CERTIFY, That I attended dec May 29, 19 32 to February 7,	eased from
6. D	ATE OF BIRTH (month, day	, and yeer) O	tober 1.	1852	Hest saw her alive on February 7, 19 33	
7. A	GE Year	rs	Months	Days	If LESS than	to have occurred on the date stated above, et 7:15A.m.	
	80		4	6	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	ste of onset
OCCUPATION	9. Voustry or b work was SAW MIL	ork done, BOOKKEE business in done, as S L, BANK, e	as SPINNER, PER, etc which SILK MILL, etc	House			bout 930
8	10. Dete decease this occup year)	ed last wor pation (mor	ked et ith and About 192	11. Total t spa occi	ime (years) nt in this Life upation Life	Other Coutributory Causes of Importance:	
12.	BIRTHPLACE (cit (State or coun		North	East Md.			
ER	13. NAME	Day	rid T.Owe	ns			
FATHER	14. BIRTHPLACE (State or		wn)		nown	Name of operation Date of	
ER	15. MAIDEN NAM		atherine	Alexande		Whet test confirmed diagnosis? Was there an euto	psy?
=	16. BIRTHPLACE (State or	(city or to	T	nknown	known	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	., 19
17. 1	NFORMANT		Hospita idge ^M d	Records		(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE	
18. [PACE SE	UN, OR R	Moval	wate / a	L. 10, 19 5°	Manner of Injury	
19. l	Address)	e G	engr	legen	ud.	24. Was disease or injury In any way related to occupation of deceesed? NO	
20. F	ILED Feb.	71	, 33/ 8	. E. W.	Registrar.	(Signed) Cambridge, Mid	, M. D.
			If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Societ, Baltimore, Requesting V. S. No. V.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

	/ S1	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	624
1. PI	LACE OF DEAT	Н			82-0	(V) X
C	County Dorch	ester			Registration Dist. No	116
V	illage or City Ca	mbridge.			No. Eastern Shore State HospitaSt., death occurred in a horpital or institution, give its NAME instead of street and	Ward
L	ength of residence in city	or town where	death oecurred	(li 5 yrs 7 mos	death occurred in a horpital or institution, give its NAME instead of street and 27. ds. How long in U.S. if of foreign birth?yrs	number)
	ULL NAME		Lawson			
(a) Residence: No	Crisfiel	d. Md. (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
F	PERSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Ma		OR RACE	5. SINGLE, MAI OR DIVORCI Wido	RRIED, WIDOWED, ED (write the word) WOO	21. DATE OF DEATH February 27, (Month) (Day)	, 193 (Year)
5a. If ma	rried, widowed, or divore	ed nknown				
) WIFE of	itknown			22. I HEREBY CERTIFY, That I attended April 3,	
6 DATE	OF BIRTH (month, day,	and year) Se	ntember	17.1857	I last saw h_im_ alive on Feb 27, 19 33	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8 m.	-, uçatıı is saiu
	75	5	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z 8. 1	Trade, profession, or par	ticular	1 20	Ulasana allittle	were as ronows.	Date of enset
5 M	kind of work done, a SAWYER, BOOKKEEP	S SPINNER, ER, etc	Sailor		Cerebral hemorrhage	21 das.
OCCUPATION S	Industry or business in work was done, as SI SAW MILL, BANK, et	I K MILL	and Waterman			
8 16.	Date deceased last work this occupation (mont year)		11. Total spa	time (years) ent in this nknown upation Unknown		-
	HPLACE (city or town)		risfield		Other Contributory Causes of importance:	
	State or country)		Md.		Cerebral arterio-sclerosis	6.yrs.
13. N	NAME WI	n.T.Laws				
¥ 14. 8	BIRTHPLACE (city or tow	n)	isfield Md.		Name of operation Date of	
1	(State or country)		ne Sterl	ina	What test confirmed diagnosis? Was there an a	ulopsy? no
15. N	MAIDEN NAME		Nr.Crisf	0	23. If death was due to external causes (VIOL ENCE) fill in also the following	
O 16. E	BIRTHPLACE (city or tow (State or country)	n)	Md.	1014	Accident, suicide, or homicide? Date of injury	, 19
17. INFDI	RMANT E.S.S.I		Records		Where dld injury occur?	e) ACE,
18. BURIA	Address Cambride AL, CREMATION, DR RE	ge, Maryl	and		Mannar of Injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal eause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. E.			
	1		
Other contributory causes of importance:		Other contributory causes of importance:	MALES.
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of inforact statement of OCCUPA-CAUSE OF DEATH in sin terms, so that it may be properly classified. NEN NLY, WITH UNFADING INK-THIS IS A PE TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	ORATA LIMITA Pagistration Dick Ma
County Dorchester	Registration Dist. No.
Village or City Canholy, India	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos,ds
2. FULL NAME ms. Emma C. In	arine-
(a) Residence: No. / 2 Church (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The make the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A - Alingte, Marine	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than 1 day,hrs.	I last saw harman alive on Drum 2 74 ,1933; death is sai to have occurred on the date stated above, at 2:450m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occurre	were as follows: Date of onse Cault Caultan dillitutur
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importance: Contributory Causes of Importance:
13. NAME Jas. D. Mills. 14. BIRTHPLACE (city of town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Ambridge, M. Date Jack 21, 1933	Menner of injury
19. UNDERTAKER Trank & alburgh (Address) Carnhife has	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED Feb. 26, 1933 E. E. Walf Registrar.	(Signed) M. (Address) Cambring M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH	01686
County In chest	Registration Dist. No. // \
Village or City Jacon villa - on Tring's Rd	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Selfrest The manes	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	I last saw her alive on term 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant In this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Deschere	Dent Continuony Causes of Importance.
(State or country)	
13. NAME Price 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy?
I TO THE MAN TO THE MA	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Presto Me Marcana (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holds and Date Feb // 1933	Manner of injury
19. UNDERTAKER Preston Mc Namara (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Feb 11, 1933 Mers W. J. Crescel	
16 mars black are model allow Con Project	N Ct. J. C P. L

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BURRA V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Every item of inforof OCCUPA. statement xact properly classified MARGIN RESERVED FOR BINDIN certificate. stated E WITH UNFADING INK-THIS Jo back pluods ain terms, so that it may See instructions on AGE supplied. mation should be careful TION is very important. -WRITE PLAINLY, CAUSE OF DEATH in

V. S. No. 1

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STATE OF MARYL	_AND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		0163	58
County Dorchesles	WITHIR COR	Registration Dist. No.	6
Village or City Country & Man	ylune	l Harpelat St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and numb	ber)
Length of residence in city or town where death occurred	.yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME May long	nega	le b	
(a) Residence: No. Carry (Usual place of al	- FWZ	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH	E
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEI		21. DATE OF DEATH	
male White OR DIVORCED (2		Let . Y	3 3 3
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deca	ased from
7 4 6 461		, to,	19
6. DATE OF BIRTH (month, day, and year) Leb - 4, 192	13	I last saw h	ath is said
7. AGE Years Months Days	If LESS than day,hrs.	to have occurred on the date stated above, at	
- Tech	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Pl	
SAWYER, BOOKKEEPER, etc		fel for	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date decessed last worked at this occupation (month and spentin	(years)	(fremature	
this occupation (month and spent in occupeti	on		
12. BIRTHPLACE (city or town) untracted Med.	Hospital	Other Contributory Causes of Importance;	
(State or country)			
13. NAME Emutt Messue	ha		
13. NAME Messee 14. BIRTHPLACE (city or town) Careford Sychology 14. BIRTHPLACE (city or town) Careford Sychology 15. NAME Country Messee 16. BIRTHPLACE (city or town) Careford Sychology 17. Day of the country Messee 18. Day of the country Messee 19. Day of the country Me		Name of oparation Date of	
(State or country)		What test confirmed diagnosis? Was there en autop	sy? ho
15. MAIDEN NAME Virginia Joku	uell	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Deau frigle	28	Accident, suicide, or homicide? Data of Injury	, 19
(State or country)	. 0	Where did injury occur?	
17, INFORMANT William Toxere	19.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Cambridge Ind. R.F. D			
18. BURIAL, CREMATION, OR REMOVAL Place Le anniverage Date February	9 3.9	Manner of injury	
Place & amontage Date Tel.	./,1900	Nature of injury	
19. UNDERTAKER My. William Fors	vell,	24. Was disease or Injury In any way related to occupation of deceased?	
(Address) Cambridge R. F. L.	I. md.	If so, specify	
20. FILED Feb. 9, 1933 (E.E. Wol	Th	(Signed) Tall	M. D.
	Registrar.	(Address) Cleubredge Md	· · · · · · · · · · · · · · · · · · ·

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Other contributory causes of hiportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No.

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(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

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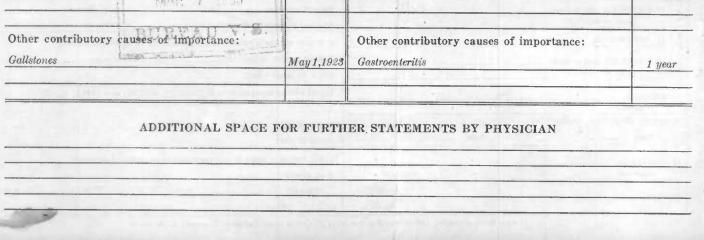
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MA1: 7 1033			
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+	item of infor-	S should state	of OCCUPA-
•	ECORD. Every	PHYSICIAN	kact statement
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS IS A PEI NEN'S ECORD. Every item of infor-	ted ENACTLY	classified.
ERVED F	IK-THIS IS	should be sta	t may be pr
MARGIN RES	I UNFADING IN	supplied. AGE	din terms, so that it may be properly

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Dorchester County Registration Dist. No. Village or City No. X St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME John R. Peters. (a) Residence: No. Madison. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ma.le White larried. 5a. If married, widowed, or divorced Cheezum. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at . OO Ami 7. AGE Days (If LESS than Months 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Laboror SAWYER, BOOKKEEPER, etc. NO OCCUPAT 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and) spent in this 12. BIRTHPLACE (city or town)__ (State or country) Canada. FATHER Thomas Peters. 13. NAME 14. BIRTHPLACE (city or town)_____ (State or country) Canada. What test confirmed diagnosis?_____ Was there an autopsy?

MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: importan DEATH Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very OF. ladison. (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation LION 24. Was disease or injury in any way related to occupation of deceased?__ 19. UNDERTAKER If so, specify (Address) Cauc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

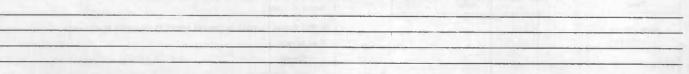
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 doys ago
BURREN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
			Land Control











should state of OCCUPA. PHYSICIANS act statement ECORD. Every properly classified. FOR BINDIN stated EX See instructions on back of certificate. TH UNFADING INK-THIS IS A PEI MARGIN RESERVED in terms, so that it may be AGE should be supplied. TION is very impos mation should be CAUSE OF DEA -WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 02177

1. PLA	CE OF	DEA1	ГН				
Coun	nty	Doro	hester			Registration Dist. No.	116
Villa	ge or City	/	Linkwood	, Md.		NoSt.,_	Ward
					(11	death occurred in a hospital or institution, give its NAME instead of street at	
						now long in 0, 3, if of foreign birth?yrs,y	_mosas.
2. FUL				t Pinder			
(a) i	Residence	: No	~~~~~~	(Usual place	of abode)	St., Ward. If nonresident give city or town a	and State
PE	RSONA	LAN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX			R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 10	193 3 •
5a. If married	d. widowed			Sing	T.G	(Month) (Day)	(Year)
HUSBAI (or) WI	ND of					22. I HEREBY CERTIFY, That I attend	ed deceased from
						, 19, to	
6. DATE OF		onth, day		1	1933.	I last saw h, 19	; death is said
7. AGE	Years		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
		l-bd			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trad	le, profession	on, or pa k done, a	rticular as SPINNER, PER, etc	Mana		~! • ¶ ๆ	
9. Indu	stry or bus	siness in	which	Mane		Still-boom	
D N S	work was de SAW MILL,	one, as S BANK, e	ILK MILL,				
U 10. Date	deceased this occupat	last worl	ked at	11. Total t	ime (years) nt in this		
13 y	year)			0001	pation	Other Contributory Causes of importance:	
12. BIRTHPL	ACE (city o	or town)_	Lin	kwood,		other Contributory Causes of Importance:	
(State	e or country	y)	Har	wland.			
13. NAM	IE	Ca	rl Pinde	T.			
	HPLACE (c		wn) Ruc	ktovm,		Name of operation Date of	
~ (State or co	untry)		yland.		What test confirmed diagnosis? Was there a	n autopsy?_NΩ_
15. MAIE	DEN NAME		Agie You	ng		23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
	HPLACE (c		vn)	mna,		Accident, suicide, or homicide? Date of injury	, 19
	State or co			vland.		Where did injury occur? (Specify city or town, county and S	h
17. INFORMA (Addi			Pinder	•		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, (3.0 55	Manner of Injury	
Place	Buck	cuown	1, U.Q.	DateP'@D	10 ,19 33	Nature of injury	~=~====
19. UNDERTA	KER	Aa	ron Park	er		24. Was disease or injury in any way related to occupation of deceased?	
(Addı	ress)		enna, 11d				
20. FILED.	Fet.	11.1	933	E. E. W.	eff	(Signed) Wyle M Face	
					Registrar.	(Address) O Cambridge, Id.	

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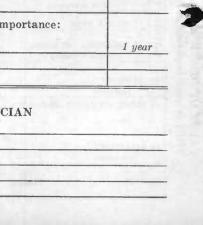
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGI	NFAI	pplied.	orme
MA	TH O	lns Al	Bin +
	,Y, W	mation should be carefully supplied.	CATIST OF DEATH in hin terms
1	AAAA	ld be	DEAT
	THE PI	n shon	F. OF
. 1	N. BWRITE PLANKLY, WITH UNFAI	mation	CATE
. S. No. 1	N. B.		(

1. PLACE O	Dorchester				11/-
, , , , , , , , , , , , , , , , , , , ,				Registration Dist. No/	
	ity <u>Cambride</u>		(li	Notastern Shore State Hospital St., f death occurred in a hospital or institution, give its NAME instead of street and s. 3 ds. How long in U.S. if of foreign birth? yrs	number)
	ME Willie		- Salish	WSty Ward. If nonresident give city or town and	
PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIOOWED, ED (write the word) OWED	21. DATE OF DEATH February 11, (Month) (Oay)	, 193 3 (Year)
5a. If married, widow HUSBAND of	red, or divorced			22. I HEREBY CERT1FY, That I attended	
(or) WIFE of	Cassid	ly Koons		February 8, 19.33, to February 11,	
6. DATE OF BIRTH	(month, day, and year) Se	ntember	24. 1856	last saw h-im alive on February 11, 1933	
7. AGE Yes 76		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:05 P.m.	Date of onset
kind of SAWYER	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL,	Day lab	orer	Broncho-pneumonia	2/8/3
- 00 3 61113 0000	ed last worked at pation (month and	sp	time (years) ent in this cupation 12 yrs		
12. BIRTHPLACE (ci		land		Other Contributory Causes of importance: Cerebral arterio-sclerosis	5 yrs
13. NAME	Allen Re	ed			
13. NAME	(city or town) Shen	andoah		Nama of operation Date of	
(State of	country)	Va.		What test confirmed diagnosis? Was there an	autopsy? No
	ME Anna Burk (city or town)			23. If death was dua to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Oate of injury Where did injury occur? (Specify city or town, county and Sta	, 19
(Address)	.S.S.Hospital Cambridge,M			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Place	for stiel	Oate T	b-13P63	Manner of Injury	
19. UNOERTAKER (Address)	Ganlie	le t	in the	24. Was disease or injury in any way related to occupation of deceased? If so, specify	No
20. FILEO. FILE	11/1,1933	N). N.	Malheux Registrar.	(Signed) Cambridge, Md.) VUWI

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Date of onset	(D)	
are or onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5 , 1927	Peritonitis	3 days ago
I ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 uly 5,1927	1915 Attack of epilepsy 1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

for authorization to change place of residence per correspondence under Dr. Fopulue 3/22/33









1. PLACE OF DEATH County Overland	&
County Dry Chesles	Registration Dist, No. //6
Village or City Campus	No Could of M. Hally St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME (Lee'l	
(a) Residence: No.	St., Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. Ch OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19
6. DATE OF BIRTH (month, day, and year) Sig 191933	I last saw h La alive on and Tlq, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at fulfillm.
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	cht automit
9. Industry or business in which	Wir af J /2 ming
work was done, as SILK MILL, SAW MILL, BANK, etc	
- Spent in this	
0. 1.4.20	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	h other
13. NAME M. Nalley Reid	manue on 1 Co
13. NAME W. Wallace Velical 14. BIRTHPLACE (city or town)	Neme of operation. Dete of
(State of Country)	Whet test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 8 WM Very W	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Outposes of Date Date 19	Nature of Injury
19. UNDERTAKER Orderly at hospit	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20 FILED Feb. 20, 19 33 E. 2. Walff	(Signed) The State M. D.
Registrar.	(Address) Caising M

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WAR 7 133	July 5,1927	Peritonitis	3 days ago
	BURLEU V. S.			-
Other contributory c	auses of importance:		Other contributory causes of importance:	:
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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BIIB 5	season a		
Other contributory causes of importance:		Other contributory causes of importance:	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year







STATE OF MARYLAND—	CERTIFICATE OF DEATH 01695
1. PLACE OF DEATH	[3]
County Workhelle	Registration Dist. No. // O
Village or City Hurlvelc	No. St., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary ann E	Taylors
	St. Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH 26 ,1933 (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Taylor.	22. A LAEREBY CERTIFY, They I attended deceased from
5. DATE OF BIRTH (month, day, and year) July 1 1872	Wast saw h. As alive on Feb 25 1923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 60 7 125 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AWYER, BOOKKEPER, etc.	00 - 70 0 71 88
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chimo Rephilo /19/3.
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of Importance:
(State or country)	O Of the state
13. NAME W. S. Bradhy 14. BIRTHPLACE (city or town)	Junio Cultures (110
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Branch Wheat 16. BIRTHPLACE (city or town) Warn Camel	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Hulvell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place + edicalshuy Date 4/28,19-33	Nature of injury
19. UNDERTAKER To Hampton no Lon (Addiess) Kederalsburg and	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 2/27, 1933 Rolet & Hustings.	(Signed) Well Thing to M. D. (Address) Federals brue
7	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

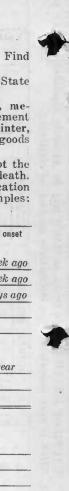
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORDAU V R			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.—

	I. PLACE OF				CERTIFICATE OF DEATH 01636
	County	Dorchester	THIN DORPOR	ATE LIMITS OF	Registration Dist. No. II6
	,	ty Cambrid	ge, Md.		No. 209 Byrn Street. St. 5 Ward
	Length of resid	lence in city or town where	death occurred 5	O vrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
		ve James E			103
		e: No. 209 By	rn Stre	et,	St., 5 Ward.
	PERSON	AL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	sex Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Pebnary 24th, 193
5a.	If married, widowe HUSBAND of (or) WIFE of		Figgs.	1100	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 1931, to 1933.
6.	DATE OF BIRTH (month, day, and year)	/20/185	8	I last saw ham alive on Oct 1932; death is said
7.	AGE Year 74	Months	0ays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et. 6 • 30 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
OCCUPATION	SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, , BANK, etc	Retire		Valvular freast dislance
000	10. Oate decease this occup		spe	ime (yeers) ent in this X upation	
12.	BIRTHPLACE (city (State or coun	01 (0111)	ester C		Other Contributory Causes of importance:
ER	13. NAME	Alexander I	homas.		
FATHER	14. BIRTHPLACE (State or	(city or town) country)	hester Maryla		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? June 2
HER	15. MAIDEN NAM				23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or	(city or town) Dong country)	hster C Karylan	ounty d.	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
17.	INFORMANT	Nm H. Thoma	s.	na.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATI				Manner of Injury
19.	UNOERTAKER(Address)	Granville S Cambridge	LeCom , Maryl	pte.	24. Was disease or injury in any way related to occupation of deceased?
20,	FILED FLO	25,1933	Servi	Registrar	(Signed) M.D. (Address) Caraba day md

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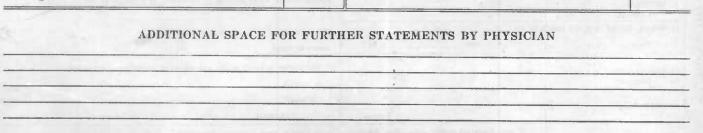
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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of evilensu	Date of onset	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	



ECORD. Every item of infor-PHYSICIANS should state gact statement of OCCUPAmation should be carefully supplied. AGE should be stated ENACTL CAUSE OF DEATH in ain terms, so that it may be properly classified. NEN MARGIN RESERVED FOR BINDING LY, WITH UNFADING INK-THIS IS A PER N. B.-WRITE PLA V. S. No. 1

mud

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	105:0)
County Comments	Registration Dist. No. //6
Village or City Quel Lye My	No. St., Ward
Length of residence in city or town where death occurredyrs,mo	death occurred in a hospital or instituting give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Challe Tilana	
(a) Residence: No. 6 MILLS	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 33 (Year) (Year)
a. If married, widowed, or divorced HUSBAND of	- Offi
(or) WIFE of Singl	22. THEREBY ERTIFY That attended deceased from
B. DATE OF BIRTH (month, day, and year) May	I last saw h was alive on the sale
AGE Years Months Days If LESS than	to have occurred on the date stated ebove at 17 74.2
9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one et
SATTER, BUTTLEFER, BIL.	Marsonus -
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	TU
10. Date deceased last worked at this occupation (month and spent in this	54
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Camblind C.	- Chile +31
(State or Supery)	1
13. NAME ale Trilgman	Truchely 13/3
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation. Date of The Date of The
THE PLANT	What test confirmed diagnosis? Was there an europsy?
200	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
7. INFORMANT A Da Tilaman	(Specify city or town, county and State) Specify whether injury occurred in ADUSTRY on HOME, or in PUBLIC PLACE.
(Address)	- Drie
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury 1520
Place Country Date Date 19,1951	Nature of injury / D 22e
9. UNDERTAKER LIMB HB BALL AND AND AND AND AND AND AND AND AND AND	24. Wes disease or Injury in any wey related to occupation of deceased? If so, specify
20. FILED Fet. 18, 1933 E. E. Wrey Registrar.	(Signed) M. D
If more blanks are needed, address State Registrar.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RURRAU V. S.				
Deven A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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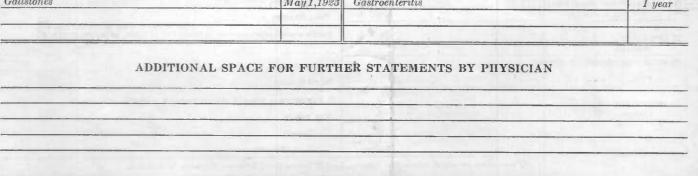
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E	xample I		Example II	
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Arteriosclerosis	SECHIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAP 17 1933	July 5,1927	Peritonitis	3 days ago
	RUREAU V.S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1



PHYSICIANS should state of OCCUPA. ECORD. Every item of inforact statement properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PER stated E certificate. should be ain terms, so that it may be See instructions on back of supplied. mation should be careful TION is very important. CAUSE OF DEATH in B.-WRITE PLANLY, V. S. No. 1

1. PLACE OF DEATH	
County On emplo	Registration Dist. No. // 6
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. If of foreign birth?ds.
2. FULL NAME Loth Noute Number	<u>^</u>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TO (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 12 - 18 44	I last saw h alive on 19 to 19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Outing PAAR, Italy of SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Cap with the same work was done, as SILK MILL, Cap with the same work was done, as SILK MILL, Cap with the same work was done, as SILK MILL, Cap with the same work was done, as SILK MILL, Cap with the same work was done, as SILK MILL, Cap with the same work was done, as SILK MILL, Cap with the same was a same with the same with	Rutin, bydumi, in 1/4-25
9. Industry or business in which work was done, as SILK MILL, Caro while BANK, etc.	Town the symmind
10. Bate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	7 8 77
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Condia. Remy Vascular
II 13. NAME Transis Vurant	direct
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? he
15. MAIDEN NAME Sunia Wanning	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Style Unique	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M Date July 19 23	Manner of injury
19. UNDERTAKER ATT WILLIAMS	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Felt. 23, 19.33 E. E. Worff	(Signed)
Registrar.	(Address)

STATE OF MADVI AND CEPTIFICATE OF DEATH

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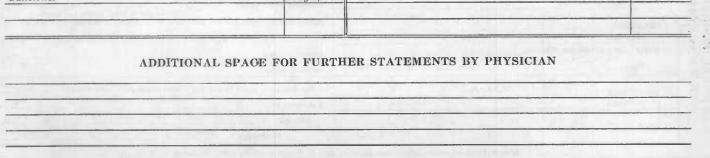
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BUREAU V-S				
Other contributory causes of importance:	100	Other contributory causes of importance:		
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	<u> </u>			



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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of enilepsy 1 week ago Chronic interstitial nephritis 19214 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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